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CONFIRMATION NO. 8526

<b>SERIAL NUMBER</b> 10/500,822	<b>FILING OR 371(c) DATE</b> 03/14/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 817.1009US
<b>APPLICANTS</b> Ehud Arbit, Tarrytown, NY; Richat Abbas, Audubon, PA; Michael Goldberg, Tarrytown, NY; T. Cooper Woods, New York, NY; Steven Dinh, Tarrytown, NY; Vivien Wong, Scarsdale, NY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/00337 01/07/2003 which claims benefit of 60/346,746 01/07/2002 and claims benefit of 60/347,312 01/09/2002 and claims benefit of 60/368,617 03/29/2002 and claims benefit of 60/374,979 04/23/2002 and claims benefit of 60/389,364 06/17/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/12/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 73
		<b>INDEPENDENT CLAIMS</b> 11		
<b>ADDRESS</b> 49443				
<b>TITLE</b> ORAL INSULIN THERAPY				
<b>FILING FEE RECEIVED</b> 2502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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